

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): _____ Chapter **11**☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy****06/22**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Achy Legs Clinics, LLC		
2. All other names debtor used in the last 8 years			
Include any assumed names, trade names, and <i>doing business as names</i>			
3. Debtor's federal Employer Identification Number (EIN)	8 2 - 0 7 9 9 7 0 9		
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business	
	2450 Kuykendahl Rd	6962 Lake Paloma Trail	
	Number Street	Number Street	
	Tomball, TX 77375	Spring, TX 77389	
	City State ZIP Code	City State ZIP Code	
	Harris	Location of principal assets, if different from principal place of business	
	County		
		Number Street	
		City State ZIP Code	
5. Debtor's website (URL)			
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

Debtor Achy Legs Clinics, LLC

Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first subbox. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No

☐ Yes. Debtor _____ Relationship _____
District _____ When _____
Case number, if known _____
MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Debtor **Achy Legs Clinics, LLC**
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number Street

City

State

ZIP Code

Is the property insured?☐ No

☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds?**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000

☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

15. Estimated assets

☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion

☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion

☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion

☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor **Achy Legs Clinics, LLC**
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures**WARNING --**

Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **06/20/2024**
MM/ DD/ YYYY**X****/s/ Gaurav Aggarwala**

Signature of authorized representative of debtor

Gaurav Aggarwala

Printed name

Title **Owner****18. Signature of attorney****X****/s/ Robert C Lane**

Signature of attorney for debtor

Date **06/20/2024**
MM/ DD/ YYYY**Robert C Lane**

Printed name

The Lane Law Firm

Firm name

6200 Savoy Dr Ste 1150

Number Street

Houston

City

TX

State

77036-3369

ZIP Code

(713) 595-8200

Contact phone

notifications@lanelaw.com

Email address

24046263

Bar number

TX

State

Official Form 201A (12/15)

[If debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.]

[Caption as in Form 416B]

**Attachment to Voluntary Petition for Non-Individuals Filing for
Bankruptcy under Chapter 11**

1. If any of the debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is _____.

2. The following financial data is the latest available information and refers to the debtor's condition on _____.

a. Total assets **\$1,563,642.00**

b. Total debts (including debts listed in 2.c., below) **\$1,439,839.30**

c. Debt securities held by more than 500 holders

		Approximate number of holders:
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
d. Number of shares of preferred stock		_____
e. Number of shares common stock		_____

Comments, if any: _____

3. Brief description of debtor's business _____

4. List the names of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:

Fill in this information to identify the case:

Debtor name Achy Legs Clinics, LLC

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/20/2024
MM/ DD/ YYYY

X/s/ Gaurav Aggarwala

Signature of individual signing on behalf of debtor

Gaurav Aggarwala

Printed name

Owner

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Achy Legs Clinics, LLC

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Itria Ventures 1000 N West St Suite 1200 Wilmington, DE 19801		UCC	Disputed			\$328,125.00
2	Leasepoint Funding 6548 Comanche Trl Ste 301 Austin, TX 78732-1210						\$34,274.89
3	MCA Funding Source The Law Office of Jason Gang 1245 Hewlett Plz # 478 Hewlett, NY 11557-4021			Disputed			\$546,934.00
4	NewCo Capital Group VI LLC 1545 Route 202, Suite 203 Pomona, NY 10970		UCC	Disputed			\$276,562.00
5	Novus Capital Funding II LLC 7 Elmwood Drive, Suite 301 New City, NY 10956		UCC	Disputed			\$41,972.00
6	ODK Capital, LLC 175 W Jackson Blvd Ste 1000 Chicago, IL 60604-2863						\$82,700.00
7	Rocket Capital NY LLC 1250 E Hallandale Beach Blvd Ste 505 Hallandale Bch, FL 33009-4635		UCC	Disputed			\$128,480.00
8	Ultimate Biomedical Solutions 831 Weisinger Dr Magnolia, TX 77354-1590		Services				\$791.41

Debtor **Achy Legs Clinics, LLC**

Case number (if known) _____

Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Fill in this information to identify the case:

Debtor Name **Achy Legs Clinics, LLC**United States Bankruptcy Court for the: **Southern** District of **Texas**
(State)

Case number (If known): _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts** (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **JPMorgan Chase Bank****Checking account****8 5 7 2****\$227.00****4. Other cash equivalents** (Identify all)

4.1 _____

4.2 _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$227.00**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1 **Security deposit****\$28,000.00**

Debtor **Achy Legs Clinics, LLC**
Name

Case number (if known) _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1 _____

8.2 _____

9. Total of Part 2

Add lines 7 through 8. Copy the total to line 81.

\$28,000.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

☐ No. Go to Part 4.

☒ Yes. Fill in the information below.

Current value of
debtor's interest

11. Accounts receivable

11a. 90 days old or less: **\$556,766.00** - **\$0.00** = → **\$556,766.00**
face amount doubtful or uncollectible accounts

11b. Over 90 days old: **\$964,149.00** - **unknown** = → **\$964,149.00**
face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,520,915.00

Part 4: Investments

13. Does the debtor own any investments?

☒ No. Go to Part 5.

☐ Yes. Fill in the information below.

Valuation method used
for current value

Current value of
debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1 _____

14.2 _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of

ownership:

15.1. _____

15.2. _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

Debtor **Achy Legs Clinics, LLC**
Name

Case number (if known) _____

16.1 _____

16.2 _____

17. **Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

☐ No. Go to Part 6.

☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	_____	_____	_____
20. Work in progress				
_____	MM / DD / YYYY	_____	_____	_____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	_____	_____	_____
22. Other inventory or supplies				
Medications	_____	unknown	_____	\$5,000.00
	MM / DD / YYYY			

23. **Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

\$5,000.00

24. **Is any of the property listed in Part 5 perishable?**

☐ No

☒ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☒ No

☐ Yes. Book value _____ Valuation method _____ Current value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

☒ No. Go to Part 7.

☐ Yes. Fill in the information below.

Debtor **Achy Legs Clinics, LLC**
 Name _____

Case number (if known) _____

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6 Add lines 28 through 32. Copy the total to line 85.			_____
34. Is the debtor a member of an agricultural cooperative?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Part 7: Office furniture, fixtures, and equipment; and collectibles			
38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?			
<input checked="" type="checkbox"/> No. Go to Part 8. <input type="checkbox"/> Yes. Fill in the information below.			
General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			

Debtor **Achy Legs Clinics, LLC**
Name

Case number (if known) _____

40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software			
42.	Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1				
42.2				
42.3				
43.	Total of Part 7 Add lines 39 through 42. Copy the total to line 86.			_____
44.	Is a depreciation schedule available for any of the property listed in Part 7?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
45.	Has any of the property listed in Part 7 been appraised by a professional within the last year?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
Part 8: Machinery, equipment, and vehicles				
46.	Does the debtor own or lease any machinery, equipment, or vehicles?			
	<input type="checkbox"/> No. Go to Part 9.			
	<input checked="" type="checkbox"/> Yes. Fill in the information below.			
	General description <small>Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)</small>	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1				
47.2				
47.3				
47.4				
48.	Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1				

Debtor **Achy Legs Clinics, LLC**
Name

Case number (if known) _____

48.2	_____	_____	_____	_____
49.	Aircraft and accessories			
49.1	_____	_____	_____	_____
49.2	_____	_____	_____	_____
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	Anesthesia Machine	unknown		\$5,000.00
	Pain Stimulators / Expired	unknown		\$0.00
	Resting ECG Machine	unknown		\$500.00
	Instrument Washer	unknown		\$2,000.00
	Stryker Smart Pump Tourniquet	unknown		\$1,000.00
	Pointe Medical Instruments	unknown		\$1,000.00
51.	Total of Part 8			\$9,500.00
	Add lines 47 through 50. Copy the total to line 87.			
52.	Is a depreciation schedule available for any of the property listed in Part 8?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
53.	Has any of the property listed in Part 8 been appraised by a professional within the last year?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Part 9: Real property

54.	Does the debtor own or lease any real property?				
	<input checked="" type="checkbox"/> No. Go to Part 10.				
	<input type="checkbox"/> Yes. Fill in the information below.				
55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1	_____	_____	_____	_____	_____
55.2	_____	_____	_____	_____	_____
55.3	_____	_____	_____	_____	_____
55.4	_____	_____	_____	_____	_____
55.5	_____	_____	_____	_____	_____
55.6	_____	_____	_____	_____	_____

Debtor **Achy Legs Clinics, LLC**
Name

Case number (if known) _____

56. **Total of Part 9**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
Medical Records	unknown		\$0.00
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10			\$0.00

Add lines 60 through 65. Copy the total to line 89.

67. **Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?**

- ☒ No
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No
☐ Yes

Debtor **Achy Legs Clinics, LLC**
 Name _____

Case number (if known) _____

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

_____	_____	—	_____	= →	_____
	Total face amount		doubtful or uncollectible amount		

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	_____
_____	Tax year _____	_____
_____	Tax year _____	_____

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Nature of claim _____

Amount requested _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Nature of claim _____

Amount requested _____

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

Debtor **Achy Legs Clinics, LLC** Case number (if known) _____
 Name

78. **Total of Part 11**

Add lines 71 through 77. Copy the total to line 90.

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$227.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$28,000.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$1,520,915.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u></u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$5,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u></u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u></u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$9,500.00</u>	
88. Real property. <i>Copy line 56, Part 9.</i> →		<u></u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i> +	<u></u>	
91. Total. <i>Add lines 80 through 90 for each column.</i>91a.	<u>\$1,563,642.00</u>	+ 91b. <u></u>
92. Total of all property on Schedule A/B. <i>Lines 91a + 91b = 92.</i>		<u>\$1,563,642.00</u>

Fill in this information to identify the case:

Debtor name **Achy Legs Clinics, LLC**United States Bankruptcy Court for the: **Southern** District of **Texas**
(State)

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name**Itria Ventures****Describe debtor's property that is subject to a lien****\$328,125.00****unknown****Creditor's mailing address****1000 N West St Suite 1200****Wilmington, DE 19801****Describe the lien****UCC****Creditor's email address, if known****Is the creditor an insider or related party?**

- ☒ No
☐ Yes

Date debt was incurred**Is anyone else liable on this claim?**

- ☐ No
☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Last 4 digits of account number**Do multiple creditors have an interest in the same property?**

- ☒ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Remarks: Merchant Cash Advance**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.****\$1,404,773.00**

Debtor Achy Legs Clinics, LLC
Name _____

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.2 Creditor's name	Describe debtor's property that is subject to a lien		
<u>MCA Funding Source</u>	_____	\$546,934.00	unknown
Creditor's mailing address	_____		
<u>The Law Office of Jason Gang</u>	_____		
<u>1245 Hewlett Plz # 478</u>	Describe the lien		
<u>Hewlett, NY 11557-4021</u>	_____		
Creditor's email address, if known	Is the creditor an insider or related party?		
_____	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
Date debt was incurred <u>04/05/2024</u>	Is anyone else liable on this claim?		
Last 4 digits of account number _____	<input type="checkbox"/> No		
	<input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:		
<input checked="" type="checkbox"/> No	Check all that apply.		
<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent		
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated		
_____	<input checked="" type="checkbox"/> Disputed		

<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor **Achy Legs Clinics, LLC**
Name _____

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3 Creditor's name NewCo Capital Group VI LLC <hr/> Creditor's mailing address 1545 Route 202, Suite 203 <hr/> Pomona, NY 10970 <hr/> Creditor's email address, if known <hr/> Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <hr/> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ Remarks: MCA	Describe debtor's property that is subject to a lien <hr/> <hr/> Describe the lien UCC <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$276,562.00	unknown
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Debtor **Achy Legs Clinics, LLC**
Name _____

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claimDo not deduct the value
of collateral.

Column B

**Value of collateral
that supports this
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.4	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	Novus Capital Funding II LLC		\$41,972.00	unknown
	Creditor's mailing address			
	7 Elmwood Drive, Suite 301			
	New City, NY 10956	Describe the lien		
	Creditor's email address, if known	UCC		
	Date debt was incurred 04/12/2024	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number	Is anyone else liable on this claim?		
		<input type="checkbox"/> No		
	Do multiple creditors have an interest in the same property?	<input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	<input checked="" type="checkbox"/> No	As of the petition filing date, the claim is:		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	Check all that apply.		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input checked="" type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			
	Remarks: MCA			

Debtor Achy Legs Clinics, LLC
Name _____

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claimDo not deduct the value
of collateral.

Column B

**Value of collateral
that supports this
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.5	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	ODK Capital, LLC		\$82,700.00	unknown
	Creditor's mailing address			
	175 W Jackson Blvd Ste 1000			
	Chicago, IL 60604-2863	Describe the lien		
	Creditor's email address, if known			
	Date debt was incurred 8/23/23	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Last 4 digits of account number	Is anyone else liable on this claim?		
		<input type="checkbox"/> No		
		<input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:		
	<input checked="" type="checkbox"/> No	Check all that apply.		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			

Debtor **Achy Legs Clinics, LLC**
Name

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claimDo not deduct the value
of collateral.

Column B

**Value of collateral
that supports this
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.6 Creditor's name Rocket Capital NY LLC <hr/> Creditor's mailing address 1250 E Hallandale Beach Blvd Ste 505 <hr/> Hallandle Bch, FL 33009-4635 <hr/> Creditor's email address, if known <hr/> Date debt was incurred 04/09/2024 <hr/> Last 4 digits of account number _____ <hr/> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____ <hr/> Remarks: MCA	Describe debtor's property that is subject to a lien <hr/> Describe the lien UCC <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$128,480.00 <hr/>	unknown <hr/>
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[illegible]

Fill in this information to identify the case:

Debtor name Achy Legs Clinics, LLC

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507)☒ No. Go to Part 2.☐ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1**

Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim

Priority amount

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) _____**2.2**

Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) _____

Debtor **Achy Legs Clinics, LLC**
Name

Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.**Amount of claim****3.1** Nonpriority creditor's name and mailing address**Leasepoint Funding****6548 Comanche Trl Ste 301****Austin, TX 78732-1210**Date or dates debt was incurred **09/20/2022**Last 4 digits of account number **As of the petition filing date, the claim is:***Check all that apply.*☐ Contingent☐ Unliquidated☐ Disputed**Basis for the claim:** _____**Is the claim subject to offset?**☒ No☐ Yes**\$34,274.89****3.2** Nonpriority creditor's name and mailing address**Ultimate Biomedical Solutions****831 Weisinger Dr****Magnolia, TX 77354-1590**Date or dates debt was incurred **10/1/22**Last 4 digits of account number **As of the petition filing date, the claim is:***Check all that apply.*☐ Contingent☐ Unliquidated☐ Disputed**Basis for the claim:** **Services****Is the claim subject to offset?**☒ No☐ Yes**\$791.41****3.3** Nonpriority creditor's name and mailing address

Date or dates debt was incurred _____

Last 4 digits of account number **As of the petition filing date, the claim is:***Check all that apply.*☐ Contingent☐ Unliquidated☐ Disputed**Basis for the claim:** _____**Is the claim subject to offset?**☐ No☐ Yes**3.4** Nonpriority creditor's name and mailing address

Date or dates debt was incurred _____

Last 4 digits of account number **As of the petition filing date, the claim is:***Check all that apply.*☐ Contingent☐ Unliquidated☐ Disputed**Basis for the claim:** _____**Is the claim subject to offset?**☐ No☐ Yes

Debtor **Achy Legs Clinics, LLC**
Name

Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

\$0.005b. **Total claims from Part 2**

5b.

+**\$35,066.30**5c. **Total of Parts 1 and 2**
Lines 5a + 5b = 5c.

5c.

\$35,066.30

Fill in this information to identify the case:

Debtor name Achy Legs Clinics, LLC

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): _____ Chapter 11☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.**

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Office</u>	<u>Spectre Innovations LLC</u>
		<u>Contract to be ASSUMED</u>	<u>6962 Lake Paloma Trl</u>
	State the term remaining	<u>0 months</u>	<u>The Woodlands, TX 77389-4875</u>
	List the contract number of any government contract	_____	_____
2.2	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
		_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.3	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
		_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.4	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
		_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____

Fill in this information to identify the case:

Debtor name Achy Legs Clinics, LLCUnited States Bankruptcy Court for the: Southern District of Texas
(State)

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.**1. Does the debtor have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 <u>Aggarwala, Gaurav</u>	<u>74 Waterton Cove Pl</u> Street <u>The Woodlands, TX 77380-4619</u> City State ZIP Code	<u>Rocket Capital NY LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>NewCo Capital Group VI LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Novus Capital Funding II LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>MCA Funding Source</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Itria Ventures</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>ODK Capital, LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 <u>Pulse Physician Organization, PLLC</u>	<u>74 Waterton Cove Place</u> Street <u>Spring, TX 77380-4619</u> City State ZIP Code	<u>Rocket Capital NY LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>NewCo Capital Group VI LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **Achy Legs Clinics, LLC** Case number (if known) _____
 Name

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
		<u>Novus Capital Funding II LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>MCA Funding Source</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Itria Ventures</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	<u>Spectre Innovations LLC</u> <u>6962 Lake Paloma Trl</u> Street <u>The Woodlands, TX 77389-4875</u> City State ZIP Code	<u>Rocket Capital NY LLC</u> <u>NewCo Capital Group VI LLC</u> <u>Novus Capital Funding II LLC</u> <u>MCA Funding Source</u> <u>Itria Ventures</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____ Street _____ _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	_____ Street _____ _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	_____ Street _____ _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Achy Legs Clinics, LLC

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): _____ Chapter 11☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real Property:**Copy line 88 from *Schedule A/B*.....\$0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$1,563,642.00**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$1,563,642.00**Part 2:** Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$1,404,773.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....\$0.00**3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....+ \$35,066.30**4. Total liabilities**.....

Lines 2 + 3a + 3b

\$1,439,839.30

Fill in this information to identify the case:

Debtor name Achy Legs Clinics, LLC

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue

Check all that apply

Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2024 to Filing date
MM/ DD/ YYYY☐ Operating a business☐ Other _____

For prior year:

From 01/01/2023 to 12/31/2023
MM/ DD/ YYYY MM/ DD/ YYYY☐ Operating a business☐ Other _____

For the year before that:

From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business☐ Other _____\$13,292,322.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2024 to Filing date
MM/ DD/ YYYY

For prior year:

From 01/01/2023 to 12/31/2023
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. _____ Creditor's name	_____	_____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
_____	_____	_____	
Street _____	_____	_____	
City _____ State _____ ZIP Code _____	_____	_____	

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Creditor's name	_____	_____	_____
_____	_____	_____	_____
Street _____	_____	_____	_____
City _____ State _____ ZIP Code _____	_____	_____	_____
Relationship to debtor _____			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
_____	_____	_____	_____

Debtor **Achy Legs Clinics, LLC** Case number (if known) _____
 Name _____

5.1. _____
 Creditor's name _____

 Street _____

 City _____ State _____ ZIP Code _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
6.1. _____ Creditor's name _____ _____ Street _____ _____ City _____ State _____ ZIP Code _____	XXXX- _ _ _ _		

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Rocket Capital NY LLC vs Pulse Physician, et. al Case number 138636-2024	Breach of Contract	Supreme Court of the State of New York, County of Ontario Name 27 North Main Street Street Canandaigua, NY 14424 City _____ State _____ ZIP Code _____	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. NewCo Capital Group VI LLC vs. Pulse Physician Organization, et al. Case number E2024006536	Breach of Contract	Supreme Court of the State of New York County of Monroe Name 99 Exchange Blvd Street Hall of Justice 5th Floor, Room 545 Rochester, NY 14614-2112 City _____ State _____ ZIP Code _____	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

7.3.	Case title Novus Capital Funding II LLC vs Pulse Physician Organization, et al.	Nature of case Breach of Contract	Court or agency's name and address Supreme Court of the State of New York County of Kings Name 360 Adams St 4 Street Brooklyn, NY 11201 City State ZIP Code	Status of case <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number 510802/2024			
7.4.	Case title MCA Funding Source vs Pulse Physician Organization	Nature of case Breach of Contract	Court or agency's name and address Supreme Court of the State of New York County of Monroe Name 99 Exchange Blvd Street Hall of Justice 5th Floor, Room 545 Rochester, NY 14614-2112 City State ZIP Code	Status of case <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number E2024006034			

8. **Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

8.1.	Custodian's name and address	Description of the property	Value
	Custodian's name		
	Street	Case title	Court name and address
			Name
	City State ZIP Code	Case number	Street
		Date of order or assignment	City State ZIP Code

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Debtor **Achy Legs Clinics, LLC** Case number (if known) _____

Name

9.1.	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
	Recipient's name _____ Street _____ City State ZIP Code _____			
	Recipient's relationship to debtor _____			

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

10.1.	Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

11.1.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	The Lane Law Firm	Attorney's Fee	05/14/2024	\$7,500.00
	Address 6200 Savoy Dr Ste 1150 Street _____ Houston, TX 77036-3369 City State ZIP Code _____			
	Email or website address billing@lanelaw.com			
	Who made the payment, if not debtor? _____			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	Trustee			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

13.1.	Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
	Address			
	Street			
	City	State	ZIP Code	
	Relationship to debtor			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy
14.1. Street	From To
City	State ZIP Code

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
 —diagnosing or treating injury, deformity, or disease, or
 —providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Achy Legs Clinics, LLC Facility name 2450 Kuykendahl Rd Street Tomball, TX 77375 City State ZIP Code	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 	How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
☒ Yes. State the nature of the information collected and retained. **Medical records**
 Does the debtor have a privacy policy about that information?
☐ No
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?
☐ No. Go to Part 10.
☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
	EIN: _ _ - _ _ _ _ _
Has the plan been terminated? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

Case number (if known)

18.1 XXXX- - - - -

Name

Street

City State ZIP Code

☐ Checking

☐ Savings

☐ Money market

☐ Brokerage

☐ Other

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

19.1	Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
	City State ZIP Code	Address		

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

20.1	Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
	City State ZIP Code	Address		

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			
Street			
City State ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
_____	_____	_____	<input type="checkbox"/> Pending
Case number	Name _____	_____	<input type="checkbox"/> On appeal
_____	Street _____	_____	<input type="checkbox"/> Concluded
_____	_____	_____	
_____	City _____ State _____ ZIP Code _____	_____	

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
_____	_____	_____	_____
Name _____	Name _____	_____	
_____	_____	_____	
Street _____	Street _____	_____	
_____	_____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	_____	

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
_____	_____	_____	_____
Name _____	Name _____	_____	
_____	_____	_____	
Street _____	Street _____	_____	
_____	_____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	_____	

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name Street CityStateZIP Code		EIN: - - - - - Dates business existed From To

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. Viking Advisory Group Name 25511 Budde Road Unit 1102 Street Tower Building The Woodlands, TX 77380 CityStateZIP Code	From To
26a.2. K.C. Tax & Bookkeeping Services Name 8787 Sienna Springs Blvd Apt 1013 Street Missouri City, TX 77459-6077 CityStateZIP Code	From To

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Dates of service
26b.1. Viking Advisory Group Name 25511 Budde Road Unit 1102 Street Tower Building The Woodlands, TX 77380 CityStateZIP Code	From To

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Debtor

Achy Legs Clinics, LLC

Case number (if known)

Name

Name and address**If any books of account and records are unavailable, explain why**

26c.1.

Viking Advisory Group

Name

25511 Budde Road Unit 1102

Street

Tower Building**The Woodlands, TX 77380**

City

State

ZIP Code

26d.

List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address**

26d.1.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory****Name and address of the person who has possession of inventory records**

27.1.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**Name****Address****Position and nature of any interest****% of interest, if any****Aggarwala, Gaurav****74 Waterton Cove Pl The Woodlands, TX
77380-4619****Owner,****100.00%****29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**☒ No☐ Yes. Identify below.**Name****Address****Position and nature of any interest****Period during which position or interest was held**

From _____
 To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1.

Name _____

Street _____

City _____ State _____ ZIP Code _____

Relationship to debtor _____

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

_____ EIN: ____ - ____ - ____ - ____ - ____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
--------------------------	--

_____ EIN: ____ - ____ - ____ - ____ - ____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/20/2024
 MM/ DD/ YYYY

X /s/ Gaurav Aggarwala

Signature of individual signing on behalf of the debtor

Printed name Gaurav Aggarwala

Position or relationship to debtor Owner

Debtor

Achy Legs Clinics, LLC

Name

Case number (if known)

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

Southern District of Texas

In re Achy Legs Clinics, LLC

Case No. _____

DebtorChapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept **\$7,500.00**

Prior to the filing of this statement I have received **\$7,500.00**

Balance Due **\$0.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/20/2024

Date

/s/ Robert C Lane

Robert C Lane

Signature of Attorney

Bar Number: 24046263

The Lane Law Firm

6200 Savoy Dr Ste 1150

Houston, TX 77036-3369

Phone: (713) 595-8200

Fax: (713) 595-8201

The Lane Law Firm

Name of law firm

IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

IN RE: **Achy Legs Clinics, LLC**

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date **06/20/2024**

Signature **/s/ Gaurav Aggarwala**
Gaurav Aggarwala, Owner

ACHY LEGS CLINICS, LLC
2450 KUYKENDAHL RD
TOMBALL, TX 77375

GAURAV AGGARWALA
74 WATERTON COVE PL
THE WOODLANDS, TX 77380-4619

AUSTIN LLP
DAVID J. AUSTIN, ESQ.
43 W 43RD ST., SUITE 288
NEW YORK, NY 10036-7424

ITRIA VENTURES
1000 N WEST ST SUITE 1200
WILMINGTON, DE 19801

LEASEPOINT FUNDING
6548 COMANCHE TRL STE 301
AUSTIN, TX 78732-1210

MCA FUNDING SOURCE
THE LAW OFFICE OF JASON GANG
1245 HEWLETT PLZ # 478
HEWLETT, NY 11557-4021

NEWCO CAPITAL GROUP VI
LLC
1545 ROUTE 202, SUITE 203
POMONA, NY 10970

NOVUS CAPITAL FUNDING II
LLC
7 ELMWOOD DRIVE, SUITE 301
NEW CITY, NY 10956

ODK CAPITAL, LLC
175 W JACKSON BLVD STE 1000
CHICAGO, IL 60604-2863

PULSE PHYSICIAN
ORGANIZATION, PLLC
74 WATERTON COVE PLACE
SPRING, TX 77380-4619

ROCKET CAPITAL NY LLC
1250 E HALLANDALE BEACH BLVD STE
505
HALLANDALE BCH, FL 33009-4635

SPECTRE INNOVATIONS LLC
6962 LAKE PALOMA TRL
THE WOODLANDS, TX 77389-4875

THE LANE LAW FIRM
6200 SAVOY DR STE 1150
HOUSTON, TX 77036-3369

ULTIMATE BIOMEDICAL
SOLUTIONS
831 WEISINGER DR
MAGNOLIA, TX 77354-1590

BORIS YANKOVICH
415 OCEAN VIEW AVENUE FLOOR 3
BROOKLYN, NY 11235

BORIS YANKOVICH, ESQ.
1 WORLD TRADE CTR STE 8500
NEW YORK, NY 10007-0089